File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



OCT 2 3 2007

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organ	nization)		
People for Beall		1 1	ORM OR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: [(1)Statewide/Legislative/Judge Standing for Retention Candidate (2 (4)County Central Committee (5)County Candidate (6)City Candid Subdivision Candidate (8)County PAC (9)City PAC (10)School B 11) Local Ballot Issue)State PAC(3)State Party ate 7.7)School Board or Other Political	(For Con	office Use Orlly 36
CANDIDATE COMMITTEES ONLY: Candidate Name Daryl Beall	Political Party (if applicable) Democrat	Sca	nned
Office Sought Senate	District (if Senate or House) 25	1 1	lited 3-11.07
Late reports are subject to possible civil and criminal penalties. Pur Signature of Person Filing Report	suant to Iowa Code sections 68B.32A		.401(3), the candidate, for a
I AM FILING A July 19, 2006 (report date)	REPORT FOR (1) ELECTION		LECTION YEAR.
(report date) [I] CHECK IF AMENDMENT TO REPORT DATED [I] Check if this is final (termination) report and attach Notice of	106 and	Local Comm	ittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.		County & Lowhich Election	cal Committees, enter County in on is held
STATEMENT OF CASH ON HAND		···	
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is first	ash on hand at the end	\$	31,349.47
ADD TOTAL MONEY TAKEN IN THIS PERIOD			6,524.99
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind below)		0.00
Schedule F: Loans Received total (Attach Schedule F	·)		0.00
Schedule H: Total Sales of Campaign Property (Attac			
(Schedule H applies to Candidates' Comm			37,874.46
	SUB-TOTAL		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			1,994.75
Schedule B: Expenditures total (Attach Schedule B) (0.00
Schedule F: Loan Repayments total (Attach Schedule			35,879.71
CASH ON HAND at the end of this reporting period (if final repo	rt balance must be zero)	\$	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	ule E)	\$	10.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule			0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YES <u>√</u> NO
CANDIDATE COMMITTEES ONLY:			0.00
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	h Schedule H)	\$	0.00
STATE COMMITTEES: Submit a reconciled campaign accoun			

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	
People for Beall	L

SCHEDULE MONETARY (Rev. 07/03) RECEIPTS CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BUARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RÉLATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06.13.2006	ID# CK#	Shannon Minshall 403 W Jackson Lake City IA 51449		\$25.00	1
06.13.2006	ID# CK#	Susan Julifs 610 S Ontario St Pomeroy IA 50575		50.00	1
06.13.2006	1D# 6067 CK# 3442	Iowa Health Pac 6750 Westown Pkwy W Des Moines IA 50266		150.00	1
06.13.2006	ID# CK#	Jack Vetter 12614 Sky Park Drive Omaha NE 68137		100.00	1
06.13.2006	ID# CK#	Clayton Charlstrom 214 I St Ft Dodge IA 50501		10.00	
06.13.2006	ID# CK#	Sander Wills	3 2007	20.00	
06.13.2006	ID#	Shane DeHaan 1173 Colonial Dr Ft Dodge IA 50501		20.00	
06.13.2006	ID#	Sharon Jones 403 1st St Moorland IA 50566		25.00	
06.13.2006	ID#	Frances Trembly 100 Hilltop Rd Apt A1 Ft Dodge IA 50501		25.00	
06.13.2006	ID# CK#	Dy Ann Fiala 603 Margaret Ave Callender IA 50523		25.00	
			SUB-TOTAL	\$ 450 00	

TOTAL (If last page of this schedule)

(for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) if surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For	Instruction	ıs, See	Back o	f Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
People for Beall	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
06.13.2006	ID# CK#	Tien-Min Chou 1710 N 14th St Ft Dodge 1A 50501		\$25	
06.13.2006	ID# CK#	Kay Forsythe 1933 N Twin Lakes Rd Manson IA 50563		50	1
06.13.2006	ID# CK#	Georganne Woodruff 2183 Twin Lakes Rd Rockwell City IA 50579		200	/
06.13.2006	ID# CK#	Phyllis Mcnke 1875 N Twin Lakes Rd Manson IA 50563		25	/
06.18.2006	ID# CK#	Bruce Schwering 532 Hickory Pl Nevada IA 50201	Cousin	100	
06.18.2006	ID#	Veron Patterson Jr POB 426 Ft Dodge IA 50501		99.99	
06.18.2006	ID# 8251 CK# ₁₆₂₈	Primpac 711 High St Des Moines IA 50392	7	250	
06.18.2006	ID# CK#	Elizabeth Vanderwilt 505 N Wilson Ave Jefferson IA 50129		50	1
06.18.2006	ID# CK#	Amy Becker 708 Main Scranton IA 51462		50	
06.18.206	ID# CK#	Tom Chrystal 705 W Sunset Rd Jefferson IA 50129		250	1
			SUB-TOTAL	\$/099.99	

TOTAL (if last page of this schedule)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(Michaelly Collaboration of political and	
COMMITTEE NAME (Must be same as on Statement of Organization)	
People for Beall	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE' (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06.18.2006	ID# CK#	Peg Naylor 712 S Chestnut Jefferson IA 50129		\$100	4
06.18.2006	ID# CK#	Michael Haluska 1303 Westwood Dr Jefferson IA 50129		50	/
06.18.2006	ID#	Tim Buenz 707 S Oak Jefferson IA 50129		25	1
06.18.2006	ID# CK#	FJ Fillman Paton IA 50217		25	4
06.25.2006	ID# 6086 CK# ₁₃₄₉₃	ISEA Pac 777 3rd St Des Moines IA 50309		100	
06.25.2006	ID# 6486 CK# ₁₅₄₄	Iowa Telecom Pac 115 S 2nd Ave W Newton IA 50206		200	1
06.25.2006	ID#	David Kling 420 Kenyon Rd 239 Ft Dodge IA 50501	2 3 2007	10	
07.05.2006	ID# CK#	Duane Olson 2087 NE Twin Lakes Dr Rockwell City IA 50579		100	
07.05.2006	ID# CK#	Delores Garst 1402 12th Ave No Ft Dodge IA 50501		50	
07.05.2006	ID# CK#	John Richhoff 405 SW Elm Apt 404 Ankeny IA 50021		50	
			SUB-TOTAL	\$7/100	

TOTAL (if last page of this schedule)

Page 3 of 1.

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For Instructions,	See	Back o	of Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
:		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER INCOME
07.12.2006	ID# CK#	Frank Affanato 1128 22nd St Des Moines IA 50311		\$50	
07.12.2006	ID# CK#	Berkley Bedell RR Box 9502 Spirit Lake IA 51360		250	
07.12.2006	ID# 6096 CK# 1940	Manufactured Housing Pac 1400 Dean Ave Des Moines IA 50316		250	
07.12.2006	6237 CK# 1832	ABATEPAC 3118 Eastern Ave NE Cedar Rapids IA 52402		250	
07.12.2006	ID# 6449 CK# ₁₁₅₀	Iowa Laborers Pac 5806 Meredith Dr Des Moines IA 50322		200	
07.12.2006	ID# 6356 CK# ₁₃₉₄	Freedom Fund Pac 851 19th St Des Moines IA 50314		500	
07.12.2006	ID#	Donna Larson 1214 Southfield Dr Jefferson IA 50129	2 3 2027	25	
07.12.2006	ID# CK#	Andrea McGuire 100 37th St Des Moines IA 50312		400	
07.14.2006	CK#	Alice Yepsen 506 W Madison Jefferson IA 50129		20	
07.14.2006	ID# 6334 ск# 1223	Plumbers and Steamfitters 2501 Bell Ave Des Moines IA 50321		500	
			SUB-TOTAL	244500	1

TOTAL (if last page of this schedule)

Page of (for Schedule A)

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For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07.14.2006	ID#	Terry Johnson 402 Sundown Ct Jefferson IA 50129		\$100	
07.14.2006	ID#	Virginia Destival 509 S Locust Jefferson IA 50129		50	
07.01.06	ID# CK#	CHRISTOPHER ANDERSON 8235 TIMBER RIDE CENTRY SC 29526		25	
07.01.0 F	ID# CK#	OCIVER GOTTAKIED 1301'T' ST NW #3 WASHINGTON DC 20009		50	
	CK#				
	ID#				
	ID# CK#	0UT 2	3 2027		
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	522500	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 7

For Instructions, See Back of Form	Rest form	SCHEDULE		
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Microscopy of Control of	(Rev. 07/03)	MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization)			OK THIS BOX IF NOING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IFFO FUND RAISEI INCOM
05.31.96	ID# CK#	Robert Paxton 1402 Knollcrest Dr Fort Dodge IA 50501		\$250	
05.31.06	ID# CK#	Amy Alarcon 305 N Locust Jefferson IA 50239		50	
05.31.06	CK#	Blanche McMahon 1993 N Twin Lakes Rd Manson IA 50563		25	
05.31.06	1D# 6084 CK# 773	IA State UAW-PAC Committee 680 Barclay Blvd Lincolnshire IL 60069		500	
	ID# CK#				
	ID#.				
	ID#				
	CK#	UCT 2 3	2/27		
	CK#				
	CK#				<u> </u>
	ID# CK#				
	<u></u>		SUB-TOTAL	\$ 825	

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Page _____ of ____

For Instructions, See Back of Form

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(moderning carried as personal rands)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
People for Beall	, we have

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/5/06	ID# 10007 CK# ₃₄₅₂	Iowa Health Pac		\$150	
7/17/06	ID# CK# 1118	Susan Roberts 8830 NW 35th Street Ankeny, IA 50021		40	
7/17/06	ID# CK# 2332	David & Judith Hoffman 3820 Quebec Street Ames, IA 50014		30	
6/15/06	ID# CK# 1335	Dr. John Hartung 1011 Scott Felton Road Indianola, IA 50125		100	
6/15/06	ID# 6070 CK# ₃₂₅₄	Iowa Law Pac 521 E Locust St - 3rd floor Des Moines, AI 50309		200	
6/15/06	ID# 6118 CK# ₂₂₈₉	Iowa Optometric Pac 1454 30th Street - Suite 204 West Des Moines, IA 50266		250	
	ID# CK#				
	ID# CK#	007 2 3 2007			
	ID# CK#				
-	ID# CK#				
			SUB-TOTAL	2 770	

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TOTAL (if last page of this schedule)

Page 7 of 7 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COM	MI	TT	EE	NAME	(Must I	be sam	e as o	n S	Statement	of C	Organiz	ation)
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Peopl	le for	Beall
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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/20/06	ID# ₁₃₆₁ CK#2271	Carter Printing 1739 East Grand Ave Des Moines, IA 50316	Letterhead, envelopes	\$ ^{319.06}
6/13/06	ID# ₁₃₆₁ CK# ₂₁₇₅	Carter Printing 1739 East Grand Ave Des Moines, IA 50315	Lapel stickers	364,11
7/03/06	ID# ₁₃₆₁ CK# 2274	Carter Printing 1739 East Grand Ave Des Moines, IA 50315	Invitations, envelopes	106.00
6/08/06	ID# ₁₃₆₁ CK# ₂₁₇₃	Decker Sporting Goods 3012 5th Ave So Fort Dodge, IA 50501	T-shirts	604.76
6/08/06	ID# ₁₃₆₁ CK# ₂₁₇₄	US Postmaster	postage	39.00
6/25/06	ID# ₁₃₆₁ CK#2272	Visa - Postmaster	Postage	188.40
6/25/06	ID# ₁₃₆₁ CK# ₂₂₇₃	Kris Fields c/o Democratic Headquarters Fort Dodge, IA 50501	Postage 0CT 2 3 2007	40.95
6/29/06	ID# ₁₃₆₁ CK# ₂₀₆₀	Kris Fields c/o Democratic Headquarters Fort Dodge, IA 50501	Postage	72.15
			SUB-TOTAL	\$ 1734.43
			TOTAL (if last page of this schedule)	\$

THIS BOX	APPLIES	TO CANDID	DATES' COMMITTEES ONLY	:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	•	II.
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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE В **MONETARY EXPENDITURES** (Rev. 07/03)

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

CHECK THIS BOX IF AMENDING FORM

People for l	Beall				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR		AMOUNT EXPENDED
	ID# CK#	Click n Pledge charges	internet contribution	s	\$ 4.32
6/2/06	ID# CK#	returned check charge	bad check		6.00
7/1/06	ID#	returned checks from Tom Dawson 3001 Branch Ave #338 Temple Hills, MD	bad checks		250.00
	ID# CK#				
	ID# CK#				
	ID# CK#		007.2	3 2007	
	ID# CK#				
	ID# CK#				
				SUB-TOTAL	\$ 260.32

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2	of 2	
Page	01	

\$ 1,994.75



FOR INSTRUCTIONS, SEE BACK OF FORM COMMITTEE NAME (Must be same as on Statement of Organization)		SCHEDULE E (Rev. 06/97)	IN-KIND
People for Beall	Reset Form		(THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
06.28.06	ISEA PAC		Membership List	\$ 10.00	
				·	
			007 23 20	27	
			SUB-TOTAL	10.00	
	t.		TOTAL (if last page of this schedule)	\$ 10.00	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FOR	FORM
DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization)	DR-2 DISCLOSURE REPORT
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name Daryl Beall Office Sought Senate District (if Senate or House)	For Office Use Only Comm. # Logged In Scanned Computer Audited File with: lowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, lowa 50319 Fax: 515-281-3701
Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. LINGALORES WILLIAMS SIGNATURE OF PERSON FILING REPORT TELEPHONE	
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	-
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	31,664.47

cash on Hand at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	31,664.47
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	4,679.99
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL\$	36,344.46
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,738.75
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$	34,605.71
**UNPAID BILLS (From Schedule D - Attach Schedule D)\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$	10.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	_YES <u>✓</u> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$	0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset	Form	

eset Form	FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
arty Other Political	For Office Use Or Comm. # Loggsd Scanned Computer Audited	1361 185 3.072
cable)	File with: lowa Ethics and Disclosure Boar 510 E. 12 th , Ste. Des Moines, lov Fax: 515-281-3	rd 1A va 50319
on 68B.32A(7) ttee, is the	DATE S	?. / 7.0 G
licate by # 1	ELECTION YEAR. Committees, enter D	
County & Local Committees, enter County in		

COMMITTEE NAME	ist be same as on Statement of Organization)
People for Beall	
(1)Statewide/Legislation (4)County Central Cor	y # type of committee you are reporting for: 1 /Judge Standing for Retention Candidate (2) State PAC (3) State Party nittee (5) County Candidate (6) City Candidate (7) School Board or Other didate (8) County PAC (9) City PAC (10) School Board or Other Political ocal Ballot Issue
CANDIDATE COMMIT	ES ONLY: UCS & CANDON POUR
Candidate Name	Ocal Ballot Issue CES ONLY: Political Party (if applicable) Democratic
Daryl Beall	Democratic Democratic
Office Sought Senate	District (if Senate or House)
ate reports are subject	o possible till and ominal penalties. Pursuant to lowa Code section 68B.32A

the candidate, for a candidate's committee, and the chairperson, for any other type of commit individual responsible for filing timely and accurate reports. Linda Vortstank

SIGNATURE OF PERSON FILING REPORT

AM FILING A 07.19.2006	REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.
(report date)	Indicate by # 1
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dis (You must continue to file reports until a DR-3 is filed.)	

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	.\$ 29,308.62
ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	4,679.99
Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only) SUB-TOTAL	.\$ 33,988.61
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	
Schedule F: Loan Repayments total (Attach Schedule F) CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	32.249.86
**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) CONSULTANT BREAKDOWN (Schedule G Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	.\$ 0.00 .\$ 10.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	



For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
People for Beall	

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SCHEDULE				
A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06.13.2006	ID#	Shannon Minshall 403 W Jackson Lake City IA 51449		\$25.00	/
06.13.2006	ID# CK#	Susan Julifs 610 S Ontario St Pomeroy IA 50575		50.00	/
06.13.2006	6067 CK# 3442	Iowa Health Pac 6750 Westown Pkwy W Des Moines IA 50266		150.00	/
06.13.2006	ID# CK#	Jack Vetter 12614 Sky Park Drive Omaha NE 68137		100.00	1
06.13.2006	ID# CK#	Clayton Charlstrom 214 I St Ft Dodge IA 50501		10.00	
06.13.2006	ID# CK#	Sandra Wills 3101 17th Avenue No Ft Dodge IA 50501		20.00	
06.13.2006	ID# CK#	Shanc DeHaan 1173 Colonial Dr Ft Dodge IA 50501		20.00	
06.13.2006	ID# CK#	Sharon Jones 403 1st St Moorland IA 50566		25.00	
06.13.2006	ID# CK#	Frances Trembly 100 Hilltop Rd Apt Al Ft Dodge IA 50501		25.00	
06.13.2006	ID# CK#	Dy Ann Fiala 603 Margaret Ave Callender IA 50523	SUB-TOTAL	25.00	

TOTAL (if last page of this schedule)

Page _____ of _____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

SCHEDULE

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(Rev. 07/03)

MONETARY

RECEIPTS



Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

[COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
	People for Beall	

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10# CK# Tien-Min Chou 1710 N 14th St Ft Dodge IA 50501	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
CK# Say Forsythe 1933 N Twin Lakes Rd Manson IA 50563	06.13.2006		1710 N 14th St		\$25	
1D# Georganne Woodruff 2183 Twin Lakes Rd Rockwell City IA 50579 1D# Phyllis Menke 1875 N Twin Lakes Rd Manson IA 50563 100	06.13.2006	CK#	1933 N Twin Lakes Rd		50	1
Description	06.13.2006	1	Georganne Woodruff 2183 Twin Lakes Rd		200	1
10# Bruce Schwering S32 Hickory Pl Nevada IA 50201	06.13.2006		1875 N Twin Lakes Rd		25	/
Veron Patterson Jr 99.99	06.18.2006		Bruce Schwering 532 Hickory Pl	Cousin	100	
D# Prinpac 250 CK# 1628 Prinpac 711 High St Des Moines IA 50392 D# Elizabeth Vanderwilt 50 CK# 505 N Wilson Ave Jefferson IA 50129 D# Amy Becker 708 Main Scranton IA 51462 CK# Tom Chrystal 705 W Sunset Rd 250 CK# 250	06.18.2006		POB 426		99.99	
1D# Elizabeth Vanderwilt 50	8 6.18.2006	8251	Prinpac 711 High St		250	
06.18.2006 CK# Amy Becker 708 Main Scranton IA 51462 Tom Chrystal 705 W Sunset Rd Amy Becker 50 L 250	06.18.2006		505 N Wilson Ave		50	/
06.18.206 CK# Tom Chrystal 705 W Sunset Rd 250	06.18.2006		708 Main		50	
Jefferson IA 50129 SUB-TOTAL	06.18.206		Tom Chrystal		250	✓

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
People for Beall	

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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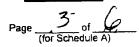
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06.18.2006	ID# CK#	Peg Naylor 712 S Chestnut Jefferson IA 50129		\$100	/
06.18.2006	ID#	Michael Haluska 1303 Westwood Dr Jefferson IA 50129		50	1
06.18.2006	ID# CK#	Tim Buenz 707 S Oak Jefferson IA 50129		25	1
06.18.2006	ID# CK#	FJ Fillman Paton IA 50217		25	/
06.25.2006	1D# 6086 CK# ₁₃₄₉₃	ISEA Pac 777 3rd St Des Moines IA 50309		100	
06.25.2006	ID# 6486 CK# ₁₅₄₄	Iowa Telecom Pac 115 S 2nd Ave W Newton IA 50206		200	/
06.25.2006	ID# CK#	David Kling 420 Kcnyon Rd 239 Ft Dodge IA 50501		10	
07.05.2006	ID# CK#	Duane Olson 2087 NE Twin Lakes Dr Rockwell City IA 50579		100	
07.05.2006	ID# CK#	Delores Garst 1402 12th Ave No Ft Dodge IA 50501		50	
07.05.2006	ID# CK#	John Riebhoff 405 SW Elm Apt 404 Ankeny IA 50021		50	
			SUB-TOTAL	\$7/100	

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SCHEDULE Α MONETARY (Rev. 07/03) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN (including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	07.12.2006	ID#	Frank Affanato 1128 22nd St Des Moines IA 50311		\$50	
	07.12.2006	ID#	Berkley Bedell RR Box 9502 Spirit Lake IA 51360		250	
1	07.12.2006	ID# 6096 CK# 1940	Manufactured Housing Pac 1400 Dean Ave Des Moincs IA 50316		250	
/	07.12.2006	6237 CK# 1832	ABATEPAC 3118 Eastern Ave NE Cedar Rapids IA 52402		250	
0	07.12.2006	^{ID#} 6449 ск# ₁₁₅₀	Iowa Laborers Pac 5806 Meredith Dr Des Moines IA 50322		200	
V	07.12.2006	ID# 6356 CK# ₁₃₉₄	Freedom Fund Pac 851 19th St Des Moines IA 50314		500	
	07.12.2006	ID#	Donna Larson 1214 Southfield Dr Jefferson IA 50129		25	
	07.12.2006	ID#	Andrea McGuirc 100 37th St Des Moines IA 50312		400	
	07.14.2006	ID# CK#	Alice Yepsen 506 W Madison Jefferson IA 50129		20	
V	07.14.2006	ID# 633Ц ск#	Plumbers and Steamfitters 2501 Bell Ave Des Moines IA 50321		500	
				SUB-TOTAL	244500	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
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Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS	
	CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07.14.2006	ID# CK#	Terry Johnson 402 Sundown Ct Jefferson IA 50129		\$100	
07.14.2006	ID# CK#	Virginia Destival 509 S Locust Jefferson IA 50129		50	
07.01.06	ID# CK#	CHRISTOPHER ANDERSON 8235 TIMBER RIDG CONMAY SC 29526		25	
07.01.0p	ID# CK#	OCIVER GOTTAKIED 1301'T' ST NW #3 WASHINGTON DC 20009		50	
	ID#				
	ID# CK#				
	ID# CK#		t t		
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	22500	· · · · · · · · · · · · · · · · · · ·

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME	(Must be sa	ame as on Statement of Organization)	
PEOPLE	FOR	BEALL	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	Tom DAUSON		s	
87.01.06	ск#	RET'D CKS 150.00+100.00		(250.00)	
	ID#	JOOI BRANCH AVE # 338 TEMPLE HILLS, MD 20748			
	CK#	TEMPLE HILLS, MID 287) 48	,		
	ID#		1		
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<u> </u>			SUB-TOTAL	(200)	

TOTAL (if last page of this schedule)

Page of 6

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B

(Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

People for Beall

CANDIDATE DATE ID NUMBER EXPENDED (if applicable) AND PAC CHECK NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE			PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
06,20.06	NUMBER ID# 1361 CK#2271 *	Carter Printing 1739 East Grand Ave Des Moines IA 50316	East Grand Ave		
06.13.06	ID# ₁₃₆₁ CK#2175	Carter Printing 1739 East Grand Ave Des Moines IA 50316	Lapel Stickers	364.11	
O7.03.06 CK# Carter Printing Invitations, Envelopes ORDER 1361 CARTER 1361 CA		Invitations, Envelopes	106.00		
06.08.06	Decker Sporting Goods 3012 5th Avenue So Fort Dodge IA 50501		T shirts	604.76	
06.08.06	ID# ₁₃₆₁ CK# ₂₁₇₄	US Postmaster	Postage	39.00	
06.25.06	ID# ₁₃₆₁ CK#2272	Visa	Postage	188.40	
06.25.06 ID# 1361 Kris Fields c/o Democratic Hdqtrs Fort Dodge 1A 50501		c/o Democratic Hdqtrs	Postage	40.95	
06.29.06	ID# ₁₃₆₁ CK# ₂₀₆₀	Kris Fields c/o Democratic Hdqtrs Fort Dodge IA 50501	Postage	72.15	
* ck	# Shown	on 5-19 report	SUB-TOTAL TOTAL (if last page of this schedule)	17,54,4.5	

DOY ADDI				

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of	



COMMITTEE NAME (Must be same as on Statement of Organization)

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHECK THIS BOX IF AMENDING FORM	

People for I	Beall			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# CK#	Click 'n Pledge Charges	Internet contributions	\$ 4.32
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	СК#			
	!D#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	2	2	
Page	-	of	

\$ 4.32

SUB-TOTAL



FOR INSTRUCTIONS, SEE BACK OF FORM			
COMMITTEE NAME (Must be same as on Statement of Organization) People for Beall		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
	Reset Form		THIS BOX IF DING FORM

	DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
r/	06.28.06	ISEA PAC		Membership List	\$ 10.00	
	-					
į	SUB-TOTAL				\$ 10.00	
	TOTAL (if last page of this schedule) (

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)